Attachment A

USER AGREEMENT

As an employee of _____ OR
as an employee of a contractor of _____, I will be allowed to access *DHCFP-INET*, the data reporting system provided to _____ by the Division of Health Care Finance and Policy.

I promise that I will not disclose my *DHCFP-INET* user ID and password to any other person.

I promise that I will not attempt to access or look at *DHCFP-INET* data other than what is required to perform my job.

I promise that I will use any data I receive from *DHCFP-INET* only as permitted and only in furtherance of my job.

I promise that I will not share any data I receive from *DHCFP-INET* with others unless doing so is necessary to do my job.[1]

I promise that I will discuss data I receive from *DHCFP-INET* with others only as required to perform my job and will conduct such conversations only in non-public areas where I am unlikely to be overheard. [1]

I promise I will not disclose any data that I receive from *DHCFP-INET* to any third party unless I have specific written permission from my supervisor or the legal order of a court. [1]

I understand that the Division of Health Care Finance and Policy retains ownership of all data that resides in *DHCFP-INET*.

I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to and use of *DHCFP-INET*.

Print User Name: _____

Job Title: _____

E-mail Address: _____ (Email address will be used to send User ID and Password)

User Signature: _____

User Phone: _____

Provider Organization: _____

Date: _____

City or Town Born in: _____

Pass Phrase : _____ (Please see Attachment B for list of typical Pass Phrases)

Answer: _____

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[1] Note – these items in the User Agreement pertain to patient level confidential data only.

Attachment A : USER AGREEMENT (continued)

Check the type of access for this User Agreement		
Check One	**User Profile**	**Functions**
☐	Data Reporter's INET Administrator	The person responsible for the *DHCFP-INET* Administration (creates and maintains web user accounts online and via paper forms.) Also has the ability to: submit information, download, edit, view and print reports.
☐	Data Reporter's Individual INET User	Ability to: submit information, download, edit, view and print reports.

Only check the submissions that **this user** will be submitting or have access to under this Agreement.

HOSPITAL SUBMISSIONS

☐ Uncompensated Care Pool Applications

☐ Uncompensated Care Pool Claims

☐ Emergency Department Data

☐ Quarterly Hospital Financial Report

☐ Quarterly Hospital Beds Report

☐ Annual Hospital 403 Cost Repor

☐ Hospital Inpatient Data (Casemix)

☐ Outpatient Observation Data

☐ Monthly UC Form

CHC SUBMISSIONS

☐ Uncompensated Care Pool Applications

☐ Uncompensated Care Pool Claims

☐ Annual Cost Report

NURSING FACILITY SUBMISSIONS

☐ Quarterly Nursing Home User Fee Report

☐ CNA/Direct Care Add-On Worksheet

☐ Authorized Signatory Nursing Facility Cost Report

☐ Preparer Nursing Facility Cost Report

☐ Other Nursing Facility Cost Report

OTHER PROVIDER SUBMISSIONS

☐ Quarterly DMR Assessment Report

☐ Adult Day Health Cost Report

☐ Student Health Insurance (QSHIP)

☐ Ambulance Cost Report

☐ Hospital Licenced Health Care Center Cost Report

Name of Data Reporter (if User contracts with Data Reporter):_____

Attachment B

SECURITY PASS PHRASE

Pass phrases are used by the DHCFP helpdesk to ensure they are speaking with the correct person. When User's call for assistance and require using confidential information or sensitive issues, we will use this as one of the means to confirm the identity of the caller. Below is a list of the more frequently used questions.

Favorite singer?
Favorite vacation location?
Favorite sports team?
Favorite hobby?
Favorite pet's name?
Favorite teacher's name?
Anniversary date?
Father's middle name?
First child's middle name?
Make, model and year of your first car